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The Missed Call Worksheet

Find out what your phone is actually costing your practice

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Most practices cannot answer a simple question: **how many calls did we miss last week?** The number is invisible because a missed call leaves no record anywhere in the practice — not on the day sheet, not in the software, not in the month-end numbers. This worksheet takes about twenty minutes and gives you a real figure to work from.

STEP 1 · What a new patient is worth

Work from the whole course of care, not the first visit

Fill these in from your own records — estimates are fine, guesses are not:

- Average number of visits in a full course of care: ___
- Average revenue per visit: $___
- Value of one new patient (multiply the two above): $___
- Roughly what share of first-time callers become patients? ___%

Value of one new-patient call: $___ (new-patient value × conversion share)

If you have never worked this out, that number alone is worth the twenty minutes.

STEP 2 · Count one real week

You cannot fix what nobody is counting

Ask your phone provider for a call log for one ordinary week — not a holiday week. Most systems can export this, and most practices have never asked. Record:

- Total inbound calls: ___
- Calls answered by a person: ___
- Calls that went to voicemail: ___
- Voicemails that were actually returned: ___
- Calls outside opening hours: ___

Unanswered calls this week: ___

Do this for one week before you change anything. The baseline is the point.

STEP 3 · The arithmetic

Two numbers you now have, multiplied

Take your figures from Steps 1 and 2:

- Unanswered calls in one week: ___
- Share of those that were new patients (estimate): ___%
- Missed new-patient calls per week: ___
- Value of one new-patient call (Step 1): $___

Weekly figure: $___
Multiply by forty-eight working weeks: $___

This is an estimate built from your own numbers. It is not a market statistic and it is not a promise — it is arithmetic you can check.

Be conservative. A defensible small number persuades you more than a big one you do not trust.

STEP 4 · What to ask any vendor

Including us — these are the questions that matter

Before you buy any phone or front-office system, ask:

- Does it book into the scheduler I already use, or does it want to become my scheduler?
- Does it read my real availability, or a copy that can drift out of date?
- What happens when a caller needs a human? How does the handoff work?
- What does it do outside opening hours?
- Does it know the difference between a new patient and a returning one?
- Will it push me toward anything my College does not permit?

The last question is the one most vendors have not thought about. Ask it anyway.

If you want to walk through your completed worksheet with someone who has seen a lot of these, book an **Office Optimizer Consultation**. We will go through your numbers, tell you honestly whether a system would change them, and if it would not, we will say so. No obligation, and nothing to install to have the conversation.

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The HOPE Call Map

What a good automated call actually sounds like, stage by stage

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Most people judge phone automation by the worst example they have personally suffered through. That's fair — but a phone tree and a conversational receptionist are different things doing different jobs. This map walks the whole call, so you can decide what you think based on **how it actually works** rather than on the last time a bank put you on hold.

STAGE 1 · The answer

No menu, no options, no keypad

The call is answered in a few seconds, at any hour, and opens with a question rather than a list. There is no ‘press one for reception’.

What this fixes:

- Calls that arrive while your front desk is on the other line
- Calls after closing, at weekends, and over holidays
- The caller who will not leave a voicemail and simply phones the next clinic

Ring time is the single thing callers notice most. Everything else is downstream of it.

STAGE 2 · New or returning

The routing decision everything else depends on

The call splits early, because a first-time caller and an existing patient need completely different things:

- **New** — longer first appointment type, only providers currently accepting new patients, intake details collected
- **Returning** — matched to their record, their usual provider and visit length offered first

Getting this wrong is what makes automated booking useless: a new patient dropped into a fifteen-minute returning slot is worse than a missed call.

Ask any vendor how they make this decision. If they cannot answer clearly, stop there.

STAGE 3 · Real availability

Your live schedule, not a copy of it

Availability is worked out from your own scheduling system — the openings you actually have, minus what is already booked, minus the gaps you do not want filled.

- It reads your live schedule rather than a nightly export that can drift
- It offers a small number of specific times, not an open-ended ‘when suits you?’
- The booking is written back into the scheduler your team already works from

You keep Jane, ChiroSuite or ClinicMind. The phone writes into it; it does not replace it.

STAGE 4 · The handoff

Knowing what it isn’t is the whole trick

Some calls should never be handled by software, and the system is built to recognise them and step aside:

- Clinical questions — not answered, routed to a person
- Complaints, billing disputes, anything sensitive — routed to a person
- A caller who asks for a human — gets one, without having to argue
- Anything it is not confident about — escalated rather than guessed

A receptionist that hands off well earns more trust than one that tries to handle everything.

STAGE 5 · What to listen for

Judge any system on these five things

When you evaluate ours or anyone else’s, listen for:

- How long before the call is answered
- Whether it sounds like a conversation or a form being read aloud
- Whether the times it offers are genuinely free
- Whether the booking appears in your scheduler without anyone retyping it
- Whether it knows when to stop and pass the call on

Ask to hear a real recorded call, not a scripted demo. Any vendor worth using will have one.

If you would like to hear it handle a call from your own practice’s point of view — your appointment types, your providers, your hours — book an **Office Optimizer Consultation**. We will walk the flow with you and be straight about what it will and will not do for a practice your size.

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The Front Desk Coverage Worksheet

Compare a new hire and an automated line using your own numbers

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This is not an argument for replacing anybody. It is a way of seeing clearly what you are actually buying when you add a front desk hire, what gap remains afterwards, and which work is worth handing to software so your people can do the part only people can do. Fill it in with **your** figures — the exercise is worthless with anyone else's.

PART 1 · Your coverage today

Start with hours, not dollars

- Hours per week your phone is answered by a person: ___
- Hours per week your practice number can ring at all: ___
- Uncovered hours (subtract): ___
- Weeks per year a team member is away on holiday: ___
- Rough sick and personal days per year: ___

Percentage of ringing hours currently covered: ___%

Most practices are surprised here, and it has nothing to do with how good their team is.

PART 2 · The real cost of the hire

The wage is the smallest part

Add these up honestly for one full-time front desk role:

- Annual wage: $___
- Employer contributions and payroll costs: $___
- Recruiting and advertising: $___
- Your time interviewing (hours × what your hour is worth): $___
- Training and the ramp-up period before they are useful: $___
- Cover during holiday and sick leave: $___

True first-year cost: $___

Additional ringing hours this actually covers: ___

Run this even if you go ahead and hire. Knowing the real figure changes how you manage the role.

PART 3 · Split the work

Not everything on the phone is the same job

Go through last week honestly and sort your calls into two columns.

Keep with a person:

- Upset, distressed or complaining callers
- Clinical questions of any kind
- Billing disputes and insurance complications
- Long-standing patients who need a familiar voice

Reasonable to automate:

- Opening hours, address, parking, what to bring
- Routine rebooking of an established patient
- First-time callers wanting the next available appointment
- Calls arriving after hours or while the line is engaged

Roughly what share of your calls fell into the second column? ___%

If the second column is small, you may not need this. We would rather you knew that now.

PART 4 · The decision

Three questions, answered plainly

- Of the uncovered hours in Part 1, how many matter? Evenings and Saturday mornings usually do; three in the morning usually does not. ___
- If the repetitive calls in Part 3 disappeared, what would your existing front desk do with that time — and is that worth more than the calls themselves? ___
- Would you still need the hire, a smaller role, or neither? ___

There is a right answer here for your practice, and it is genuinely sometimes ‘hire the person’.

Any vendor who cannot imagine an outcome where you do not buy from them is not advising you.

Bring your completed worksheet to an **Office Optimizer Consultation** and we will go through it with you. If the honest read is that you should make the hire instead, we will tell you so — we would rather be useful than sell you the wrong thing.

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What Office Optimizer Actually Is

A plain-language overview, including what it deliberately does not do

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Software overviews are usually written to sound impressive rather than to be understood. This one is written the other way round. It covers what the system holds, what it does without anyone remembering to do it, what you can finally see, and — the section most vendors leave out — **what it is not**.

PART 1 · One record per patient

The thing that makes everything else possible

Today a patient probably exists in several places at once: your scheduler, your notes, a phone log, an inbox, and somebody's memory. The system keeps one record that holds the non-clinical side:

- Contact details and how they prefer to be reached
- Every appointment, kept or missed
- Every message sent to them and every reply
- Where they are in your process — enquiry, new patient, active, drifted
- Consent status for commercial messages

Clinical records stay where they are. This is the administrative half, not the chart.

PART 2 · The things that happen anyway

Work that stops depending on somebody remembering

- **Appointment reminders** — sent on a schedule you set, by text or email
- **Recall** — patients who are due are contacted without anyone building a list
- **Reactivation** — the people who quietly stopped are surfaced and followed up
- **Missed-call text-back** — a call that goes unanswered gets an automatic message so the enquiry does not simply evaporate
- **Intake forms** — sent ahead of the first visit and filled in before they arrive
- **Follow-up sequences** — after a first visit, after a no-show, after an enquiry that went quiet

The point is not that these are impossible by hand. It is that by hand they stop the first busy week.

PART 3 · What you can finally see

Numbers that were always true but never visible

- How many enquiries came in, and how many became patients
- How many patients are currently drifting — due, but not booked
- How many calls were missed, and what happened next
- No-show and cancellation patterns by day and by provider
- Which follow-up actually brings people back and which is noise

None of this is new information about your practice. It is information that already existed and had nowhere to be displayed.

Pick two numbers to watch. Dashboards nobody looks at are just expensive wallpaper.

PART 4 · Built for Canadian rules

Because a lot of software genuinely was not

Regulated professions in Canada have advertising rules that most software was never designed around, and several provincial Colleges — Ontario's among them — prohibit testimonials outright.

- Nothing defaults you into content your province restricts — and where your regulator does permit review and testimonial campaigns, those are available too, configured per practice rather than assumed either way
- Commercial messages are built around consent and unsubscribe from the start
- Campaign templates avoid outcome and comparative claims by default

You remain responsible for what you publish. But the defaults should not be quietly working against your College's rules.

Ask any vendor what their software does about your College. Most will not have an answer.

PART 5 · What it is not

The section that should tell you we're being straight with you

- It is **not** your scheduler. Jane, ChiroSuite and ClinicMind stay exactly where they are
- It is **not** your clinical record system, and it holds no clinical notes
- It is **not** a replacement for your front desk team
- It will **not** fix a practice with no demand coming in — it handles demand better, it does not manufacture it
- It is **not** instant. Setting it up properly takes real decisions from you about how you want your practice to run

If a system promises to run itself from day one, ask who is making the decisions it needs.

If you want to see it against your own practice — your appointment types, your providers, your province's rules — book an **Office Optimizer Consultation**. It is a conversation, not a demo you have to sit through, and you will get a straight answer about whether it suits a practice your size.

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The Front Office Audit

Sort every recurring task into automate, keep human, or stop entirely

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Every practice runs on a set of tasks that exist mostly in one person's head. They work right up until that person is busy, away, or leaves. This audit takes about an hour, is best done **with your front desk team in the room**, and ends with three lists you can actually act on.

STEP 1 · Write down everything

You cannot sort what you have not listed

Go through a normal week and list every recurring task, including the ones nobody has ever written down. Prompts to make sure you catch them:

- What happens the moment a new enquiry arrives?
- What happens the day before an appointment?
- What happens when somebody does not show up?
- What happens after a first visit?
- Who decides a patient is 'due', and how?
- What is on the sticky notes, and what is in the spreadsheet?
- What does your front desk do on a Friday that nobody else knows about?

Expect thirty to fifty items. If you list eight, you have not finished.

STEP 2 · The bus test

Mark every task that lives in one head

Against each item, mark:

- **D** — documented somewhere another person could follow
- **H** — lives in one person's head
- **A** — already automatic, happens without anyone acting

Then count them:
Documented: ___ In one head: ___ Automatic: ___

Your practice’s real risk is the middle number.

This is not about distrust. It is about not building a practice that cannot take a holiday.

STEP 3 · The three columns

Most tasks belong in exactly one of these

Automate — no judgement required, must happen every time:

- Appointment reminders and confirmations
- Building the list of who is due for recall
- The message after a missed or unanswered call
- Intake forms ahead of a first visit
- Follow-up after a no-show or cancellation
- Surfacing patients who have quietly stopped attending

Keep human — judgement, sensitivity or clinical knowledge required:

- Any upset, distressed or complaining patient
- Every clinical question
- Billing disputes and insurance complications
- The conversation about why somebody stopped coming

Stop entirely — be ruthless here:

- Reports nobody reads
- Double entry between two systems
- Anything still being done because it was always done

The third column is usually the one that frees up the most time in the first week.

STEP 4 · The Canadian check

Before you automate a single message

Automation makes it very easy to send a great many messages very quickly, which is exactly why this step matters here.

- Do you have consent to send commercial messages to this person, and can you show when and how you got it?
- Does every message identify your practice and offer a working unsubscribe?
- Is anything you are about to send a testimonial or patient review? In Ontario the CCO prohibits testimonials outright, and other provinces restrict them
- Does any template make an outcome, comparative or guarantee claim?
- Would you be comfortable if your College read this message?

This is a prompt to check your own province’s rules, not legal advice. When in doubt, ask your College.

STEP 5 · Pick three

Do not try to fix everything this month

From your automate column, choose the three with the highest frequency and the lowest judgement required. Write them here:

1. _____
2. _____
3. _____

Automate only those. Leave them running for a month. Then come back to the list.

Practices that automate three things properly finish ahead of practices that attempt thirty.

If you would like a second pair of eyes on your completed audit, book an **Office Optimizer Consultation**. We will look at your three columns, tell you which items are genuinely worth automating first, and flag anything that would be a problem under your province's rules.

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The 90-Day Front Office Plan

Close the phone gap and the follow-through gap, in that order

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Most front-office projects fail because a practice tries to change everything in one weekend, and then quietly reverts. This plan does three things in ninety days, in a deliberate order: **see it, then close the phone gap, then close the follow-through gap**. Each stage produces a number you can check, so you find out whether it is working before you commit to the next one.

DAYS 1–30 · See it

Change nothing yet. Measure first.

You cannot tell whether anything improved without a baseline, and this is the month practices are most tempted to skip.

• Export one ordinary week of call logs. Record total calls, answered, missed, and out-of-hours: ___
• Count patients who attended in the last year but have nothing booked: ___
• Count no-shows and late cancellations in the last month: ___
• Time how long it takes to send an intake form today, start to finish: ___
• Ask your front desk to list every recurring task they do from memory: ___ items

Write these five numbers down and date the page.

If you do nothing else from this plan, do this month. The numbers alone usually decide the rest.

DAYS 31–60 · Close the phone gap

The calls arriving now, that nobody hears

The phone comes first because it is the only gap where the patient is actively trying to reach you and failing.

• Cover the hours you identified as uncovered — usually evenings, Saturday mornings, and the times your line is engaged
• Route new and returning callers differently from the start
• Connect booking to the scheduler you already use, so nothing is retyped

- Set up missed-call text-back so an unanswered call still gets a reply
- Define the handoff: which calls go to a person, and how

At day sixty, re-run your week of call logs. Answered: ___ (was ___)

Listen to real recorded calls in week one. Fix the wording before you expand the hours.

DAYS 61–90 · Close the follow-through gap

The patients you already have

Only now, with the phone handled, is it worth automating what happens after the booking.

- Intake forms sent automatically on booking
- Appointment reminders on a fixed schedule
- Follow-up after a first visit
- Follow-up after a no-show or late cancellation
- A standing list of patients who have quietly stopped attending

Start with three of these, not all five. At day ninety, re-count: patients with nothing booked ___ (was ___), no-shows ___ (was ___)

Three automations running reliably will beat five that everyone has stopped trusting.

THROUGHOUT · The Canadian checks

Run these before each stage goes live

- Consent recorded for every commercial message, with the date and source
- Practice identified and a working unsubscribe in every message
- Review and testimonial content checked against your own province — prohibited outright by the CCO in Ontario, restricted in some provinces, permitted in others
- No outcome, comparative or guarantee claims in any template
- A named person who reviews templates before they go out

Check your own province’s rules as you go. This is a prompt to look, not legal advice.

Automation makes it easy to send a lot of messages quickly. That is the whole reason to check first.

IF IT ISN’T WORKING · Say so

The stage most plans leave out

At day ninety, compare your numbers with the dated page from month one. If they have not moved:

- Was the baseline actually recorded, or estimated afterwards?
- Did the automations run, or were they switched off quietly in week two?
- Is the real constraint demand rather than follow-through? No front-office system fixes an empty phone
- Did you attempt three things or thirty?

A plan that cannot fail was never a plan. Check honestly and change course.

If the answer is that you did not have a follow-through problem, that is a useful result too.

If you want help working out where your own chain breaks, book an **Office Optimizer Consultation**. Bring your month-one numbers if you have them. We will tell you which gap to close first — and if the honest answer is that your constraint is demand rather than follow-through, we will tell you that instead.